

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
133735

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	1		1	1	1	1
TOTAL DEP.	4		4	4	4	4
TOTAL CLAIMS	5		5	5	5	5

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56	1					
57		1				
58		1				
59		1				
60		1				
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99						
100						
TOTAL IND.			1	1	1	1
TOTAL DEP.			4	4	4	4
TOTAL CLAIMS			5	5	5	5

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS